

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573080

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	2					
7	4					
8	4					
9	4					
10	4					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
17	2					
18	11					
19	4					
20	5					
21	1					
22	1					
23	1					
24	1					
25	4					
26	1					
27	4					
28	1					
29	1					
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31	1					
32	1					
33	4					
34	4					
35	4					
36	4					
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50						
TOTAL IND.	10					
TOTAL DEP.	107					
TOTAL CLAIMS	117					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						